



Application to Request Voluntary Disclosure Agreement

Mail to:
Office Audit Division, Discovery Unit
P. O. Box 66362
Baton Rouge, LA 70896-6362
(225) 219-2270 (225) 219-2267 Fax

Date (mm/dd/yyyy)

PLEASE PRINT OR TYPE.

Representative's Name/ Title			Representative's Telephone Number
Representative's Firm Name			Representative's Email Address
Representative's Address			Type of Legal Entity of Applicant
City	State	ZIP	Tax Type(s) for which a Voluntary Disclosure Agreement is Requested

Please answer each question fully. Failure to disclose all relevant information could result in the nullification of an agreement, the loss of a limited look-back period, and the denial of penalty waiver.

1. Has this entity been previously contacted by the Louisiana Department of Revenue regarding these tax types? ☐ Yes ☐ No
If yes, please explain the circumstances fully.

(Use additional sheets if necessary.)

2. Did this entity collect sales taxes or withhold payroll taxes for Louisiana that were not remitted? ☐ Yes ☐ No
If yes, please explain the circumstances fully.

(Use additional sheets if necessary.)

3. Has this entity ever registered in Louisiana for the tax type(s) for which a voluntary disclosure agreement is sought, or otherwise been assigned a Louisiana revenue account number? ☐ Yes ☐ No If yes, please explain fully.

(Use additional sheets if necessary.)

4. Please describe fully the activities that have or may have created a filing requirement in Louisiana, including the dates the activities began.

(Use additional sheets if necessary.)

5. Please provide an estimate of the total unpaid tax liability and the unpaid tax liability for the look-back period (generally the current year and three previous years) per tax type.

(Use additional sheets if necessary.)

6. Please explain the entity's failure to file and pay taxes in Louisiana for its past activities.

(Use additional sheets if necessary.)

7. Does this entity have any outstanding tax liabilities for any other tax, or has it been contacted for audit, or presently under audit, for any other tax? ☐ Yes ☐ No

Does this entity have any affiliated entities filing in the state of Louisiana that have been contacted for audit, or are presently under audit? ☐ Yes ☐ No

If yes to either question, please explain fully.

(Use additional sheets if necessary.)

8. What is the entity's fiscal year end for federal income tax purposes? _____

Does this entity file as a member of a consolidated group? ☐ Yes ☐ No (mm/dd)

9. Please provide any other information that you believe will assist us in properly evaluating this request.

(Use additional sheets if necessary.)

To the best of my knowledge of all available information, this request for a voluntary disclosure agreement is accurate and complete, and any and all pertinent information has been revealed. I understand that any intentional or accidental misrepresentation may result in the nullification of an agreement, the loss of a limited look-back period, and the loss of penalty waiver.

Signature of Representative

X

Date (mm/dd/yyyy)